PATENT	•
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Attorney's Docket No.	
Attorney's Docket No.	

YES

NO

COW	IBINED DECLARATION A	ND FOWER OF AT TOP	G (D I			
As below named inventor, I h	ereby declare that					
This declaration is of the following [X] original [] designational stage of [] divisional [] co	gn [] supplemental	part				
first, and sole inventor (if one	dress, and citizenship are as sta by one name is listed below) or natter which is claimed and for	an original, first, and joint	inven	tor (if plu	ıral na	imes are
OPTICAL WAVELENG	TH CONVERTER					
the specification of which: [X] is attached	l hereto.	Application No.				and was
[] was as fi amended o	on(if	applicable).			' ,	mid was
[] was filed was amend was described which was described which was described was described which which was described which was described which was described which	thereto. Ided on	, as Applia (if applicable). International Application d under PCT Article 19 o	cation No. n	No. not I	: 	yet, and filed on (if
any).				•		
I hereby state that I have reclaim(s), as amended by any	viewed and understand the con amendment referred to above.	tents of the above-identifi	ed spe	ecification	ı, inclu	iding the
I acknowledge the duty to accordance with Title 37, Co	disclose information which ode of Federal Regulations, § 1	is material to the patent .56.	tability	of this	applio	cation in
patent or inventor's certificate the United States of American inventor's certificate or any	ity benefits under Title 35, Un te or of any PCT international ca listed below and have also PCT international application me on the same subject matter	application(s) designating identified below any forei s) designating at least one	at leas gn app count	st one cou plication() try other :	intry o s) for than th	other thar patent or ne United
COUNTRY	APPLICATION	DATE OF FILING (day,month,year)		UORITY INDER 3		
Japan	2003-003203	9/1/2003	X	YES		МО
			1	YES		ИО

I hereby claim the benefit pursuant to Title 35, United States Code, § 119(e) of the following United States provisional application(s):

	APPLICATIONS CLAIMING DER 35 USC 119(e)
APPLICATION NO.	DATE OF FILING

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

		ONS OR PCT INTER HE U.S. FOR BENEF			;	
U.S. APPLICATIONS			Status (check one)			
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PCT APPLICAT	IONS DESIGNAT	S DESIGNATING THE U.S.		Status (check one)		
PCT APPLICATION NO.	PCT FILING DATE	U.S. APPLN. NOS. ASSIGNED (if any)	PATENTED	PENDING.	ABANDONED	
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		ICATIONS FROM WHI ABOVE LISTED U.S./I		
ABOVE APPLN. No.	COUNTRY	APPLICATION NO.	DATE OF FILING (day,month,yr)	DATE OF ISSUE (day, month, yr)
1.				
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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Customer Number 23548.



I further direct that correspondence concerning this application be directed to Customer Number 23548.



I hereby declare that all statements made herein of my own knowledge are true, that all statements made on information and belief are believed to be true, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

rull name of sole or first i				<u>.</u>	
Inventor's signature	Kazuhisa	Jakagi			
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Inventor's signature					
Date		Country of Citizenship:		· · ·	
Residence:				-	
Post Office Address:			 		
Full name of third joint is	aventor if any				
•					
Date	•	Country of Citizenship:			
Residence:					
Post Office Address:	•				